Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

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Establishment Name					Telephone Number	Date of	ID#	
RUSTIC FROG					Est 812-590-2620	Inspection		
Address 1720 OLD RIVER RD, NEW ALBANY IN 47150					Own 502-608-2543	08/18/2021		
Owner					Purpose	Follow Up	Released	
DONALD SCOTT					X Routine	-	08/17/2021	
Owner's Address 1720 OLD RIVER RD NEW ALBANY, IN 47150-					Follow-up Complaint			
Person in Charge KEVIN MASON					Pre-Operational			
Responsible Person's Email					Temporary			
BIGREDFROGE			L.COM		НАССР	1 _ 2 _ 3 <u>X</u>	4 _ 5 _	
Certified Food Handler SANDY FARNSLEY DONALD SCOTT					Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"								
Section #	C	NC	R Narrative		To Be Corrected			
192	Х		Observed a gal	Observed a gallon of milk in upstairs bar dated 8-8-21.			Discarded	
297		Χ		Observed a buildup of film on inside of bulk ice machine. Observed food Today				
324	splatter in employee microwave.							
324		X Observed 3- comp sink in upstairs bar to have a steady drip from the faucet. 2 weeks Observed toilet blocked off and in need of repair in downstairs men's restroom.						
392		Χ		pster lid left open.	1 day			
410		X		shield missing on light in	1 week			
411 430		X X		Observed light bulbs out in light fixtrure above 3-comp sink. 1 week				
430	X Observed the roof leaking and damaged or missing drywall in the Men's 3 weeks and Woman's downstairs restroom and in the dressing room.							
Summary of Violations C 1 NC 6 R 0								
D i d b (4	:41	-4-1).		T 44 1 1-4 (1 4/41-			
Received by (nan	ne and t	ille prii	ned):		Inspected by (name and title printed): Thomas Snider CFS			
Received by (sign	nature):				Inspected by (signature):			
					Thomas Snider			
cc:				cc:		cc:		